

HEARING OF DAVID ANDY ATKINS
CONDUCTED ON MONDAY, APRIL 25, 2005

1 (Pages 1 to 4)

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1 NATIONAL PARK SERVICE
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3 -----+
4 MEDICAL STANDARDS BOARD +
5 IN RE: DAVID "ANDY" ATKINS, PARK RANGER (LE) +
6 NATCHEZ TRACE PARKWAY +
7 -----+
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9 HEARING
10 APPEAL/WAIVER REVIEW
11 National Park Service
12 Washington, D.C.
13 Monday, April 25, 2005
14 9:55 A.M.
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18 Job No.: 1-54387
19 Pages: 1 - 70
20 Reported by: Denice Lombard
21 Certified Shorthand Reporter
22

1 APPEARANCES
2 WITNESSES TO THE BOARD
3 David "Andy" Atkins, Park Ranger (LE)
4 Natchez Trace Parkway
5
6 PANEL MEMBERS PRESENT
7 Voting Board Members:
8 Pat Buccello, Chief, Division of Health
9 and Fitness, WASO; National Special
10 Agent-in-Charge
11 David Davies, NPS, WASO Employee Relations
12 Program Manager, WASO and Board Chair.
13 Dennis Burnett, NPS, WASO Law Enforcement
14 Administrator, Law Enforcement and Emergency
15 Services
16 Richard Powell, NPS, WASO Chief, Division of
17 Risk Management
18 Don Coelho, NPS, WASO Chief, Law Enforcement
19 And Emergency Services
20
21
22

ORIGINAL

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1 Medical Standards Board Hearing held at the
2 offices of:
3 National Park Service
4 Health and Fitness Division
5 1201 Eye Street, N.W.
6 Washington, D.C. 20005
7 (202) 513-7098
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11 Before Denice Lombard, Certified Shorthand
12 Reporter and Notary Public for the District of
13 Columbia.
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1 APPEARANCES, continued
2 PANEL MEMBERS PRESENT
3 Non-voting Advisors To the Board:
4 Tammy Keller, Acting Medical Standards
5 Program Manager
6 Philip Spottswood, Program Manager, Federal
7 Law Enforcement Medical Programs, Office of
8 Personnel Management, Washington, D.C.
9 Larry Saladino, M.D., Comprehensive Health
10 Services, Vienna, Virginia
11 Sonya Rowe, Medical Standards Program
12 Analyst, WASO
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EXHIBIT "8"

<p>1 (Introductions were conducted.)</p> <p>2 PROCEEDINGS</p> <p>3 MR. DAVIES: This is a meeting of the</p> <p>4 National Park Service Medical Standards Board hearing</p> <p>5 the appeal and waiver review of Andy Atkins. I'm</p> <p>6 David Davies, Chair of the Board, and I am supervisory</p> <p>7 personnel management specialist and the chief of Labor</p> <p>8 and Employee Relations for the Park Service. We'll go</p> <p>9 around the room and introduce ourselves, all the Board</p> <p>10 members and others.</p> <p>11 MS. KELLER: Andy, I'm Tammy Keller. We</p> <p>12 spoke on the phone.</p> <p>13 MR. ATKINS: Yes.</p> <p>14 MS. KELLER: I'm the acting Medical Standards</p> <p>15 program manager.</p> <p>16 MS. BUCCELLO: I'm Pat Buccello, and I'm also</p> <p>17 now a voting Board member.</p> <p>18 MR. POWELL: Dick Powell, Chief of Risk</p> <p>19 Management and a voting Board member.</p> <p>20 MR. COELHO: Don Coelho, Chief of Law</p> <p>21 Enforcement and Security Emergency Services, a voting</p> <p>22 Board member.</p>	<p>5</p> <p>1 MS. KELLER: Yeah, and the reason, as I</p> <p>2 explained to the Board prior to your coming in, that</p> <p>3 we brought you here today was to review the waiver</p> <p>4 renewal as you requested to see if we could grant you</p> <p>5 a waiver.</p> <p>6 And in doing so there are gaps of information</p> <p>7 missing. And we contacted you over a long period of</p> <p>8 time to get that information, even prior to my arrival</p> <p>9 here.</p> <p>10 And once we started to obtain that</p> <p>11 information we saw some low blood-sugar readings. I</p> <p>12 recommended that you be put on restricted or light</p> <p>13 duty, which you are now.</p> <p>14 And so we wanted to try to fill in those gaps</p> <p>15 of information, get a better understanding of where</p> <p>16 you are on your control of your diabetes at this</p> <p>17 time --</p> <p>18 MR. ATKINS: Okay.</p> <p>19 MS. KELLER: -- and have you again just</p> <p>20 provide us information and look at your waiver</p> <p>21 compliance with respect to exercise and how well</p> <p>22 you've been doing that, your weight control and just</p>
<p>1 DR. SALADINO: Larry Saladino, Medical Review</p> <p>2 Officer, physician, non-voting.</p> <p>3 MR. BURNETT: I'm Dennis Burnett. I'm a Park</p> <p>4 Service law enforcement administrator, and I'm a</p> <p>5 voting member.</p> <p>6 MR. SPOTTSWOOD: Phil Spottswood of OPM,</p> <p>7 Medical Policy and Programs, non voting.</p> <p>8 MS. BUCCELLO: And you've already met Sonya</p> <p>9 in the back.</p> <p>10 MS. ROWE: Hi.</p> <p>11 MR. DAVIES: This is your opportunity to</p> <p>12 present your case as you see fit.</p> <p>13 MR. ATKINS: Okay. Just tell my story</p> <p>14 basically like I did last time?</p> <p>15 MS. BUCCELLO: Well, maybe we should be sure</p> <p>16 that you understand what the issue is today, Andy.</p> <p>17 MR. ATKINS: Okay.</p> <p>18 MS. BUCCELLO: Do you know why you're here</p> <p>19 today?</p> <p>20 MR. ATKINS: Basically from the</p> <p>21 correspondence I've received from your office and the</p> <p>22 doctor's office regarding my diabetes.</p>	<p>6</p> <p>1 overall control.</p> <p>2 MR. ATKINS: Sure. Okay.</p> <p>3 MS. KELLER: So now maybe that gives a</p> <p>4 foundation to go from.</p> <p>5 MR. ATKINS: Okay. Well, first of all, I</p> <p>6 need to apologize for the way I feel right now. I've</p> <p>7 had bronchitis for four days, so I've been in bed</p> <p>8 since I got up Friday morning, and I'm not feeling so</p> <p>9 good. So if I seem to be light-headed or woozy, I've</p> <p>10 been on medication now since then. But anyway . . .</p> <p>11 First of all, thank you for letting me come</p> <p>12 up here and present my case before the Board. I know</p> <p>13 that I've been up here two years ago basically for the</p> <p>14 same situation, and obviously I had some shortcomings</p> <p>15 or didn't understand exactly what was going on, and I</p> <p>16 just want to clear everything up.</p> <p>17 For a brief history with my diabetes, I</p> <p>18 started with the National Park Service in 1984,</p> <p>19 seasonal park ranger at Chatahoochee River. I</p> <p>20 graduated Memphis State University, became a full-time</p> <p>21 park ranger at Chatahoochee River in 1988.</p> <p>22 In 1987 I was diagnosed with diabetes. That</p>

<p>1 was the winter of 1987.</p> <p>2 1988 I finished my last season with the Park</p> <p>3 Service and was picked up as a permanent ranger as a</p> <p>4 diabetic. I worked at Chatahoochee River for several</p> <p>5 years until I transferred over to Natchez Trace</p> <p>6 Parkway.</p> <p>7 I also graduated from FLETC in 1989 with no</p> <p>8 problems there either. I passed the medical stuff and</p> <p>9 everything that was there too.</p> <p>10 I've been at Natchez Trace Parkway now since</p> <p>11 1992, and I've been doing fine.</p> <p>12 I started with the insulin pump that I'm</p> <p>13 currently wearing at this time -- and I've not had any</p> <p>14 problems with it since -- back when these medical</p> <p>15 proceedings first started to assist with my control.</p> <p>16 I've had no problems with the pump at all.</p> <p>17 With regards to the waiver, there are several</p> <p>18 things that stipulate in my waiver to allow me to work</p> <p>19 with the National Park Service and being an</p> <p>20 insulin-dependent diabetic. The several things are</p> <p>21 there's several items that I have to carry such as</p> <p>22 fluids and food; my Medic Alert necklace that I never</p>	<p>9</p> <p>1 any problems with my diabetes that would have me</p> <p>2 removed from duty, removed from service, or any time</p> <p>3 lost. I've never had any situations with my diabetes</p> <p>4 that would cause me any types of problems on the job.</p> <p>5 Natchez Trace Parkway is a diverse area to</p> <p>6 work in, but it is mainly a national parkway, a</p> <p>7 highway. I do -- 99 percent of my job is road patrol.</p> <p>8 Anytime that something comes up with my insulin,</p> <p>9 something comes up with my blood sugars, I can take</p> <p>10 care of it right there on the side of the road or</p> <p>11 anywhere. I carry, like I said, fluids and food with</p> <p>12 me, so anything that might potentially happen, I feel</p> <p>13 that I'm prepared to take care of it.</p> <p>14 But as I stated, I've never had any problems,</p> <p>15 never had my -- be pulled off the job, my supervisor</p> <p>16 has never had to have me removed from the job for any</p> <p>17 type of problems.</p> <p>18 As of right now I'm still a Level 1</p> <p>19 commission ranger. I'm still doing my firearms</p> <p>20 instructor position, still doing my armorer's</p> <p>21 position. I'm red carded, fire fighter, and I've had</p> <p>22 no problem with doing any of my jobs.</p>
<p>1 take off; my kit that -- this is the actual kit that I</p> <p>2 carry 24 hours a day.</p> <p>3 I call it my purse. It's got everything I</p> <p>4 need in here. It's got all of my emergency medical</p> <p>5 stuff, it's got everything that's pertaining to</p> <p>6 diabetes.</p> <p>7 With regards to my insulin pump, the system</p> <p>8 I'm on currently is a Disetronic insulin pump. I'm</p> <p>9 under the care of Dr. Sherry Martin. I've been under</p> <p>10 her care ever since I transferred to Tupelo,</p> <p>11 Mississippi. She has worked with me constantly with</p> <p>12 my control with my diabetes, and when I go in and see</p> <p>13 her, we have a discussion every time about the pump,</p> <p>14 what I need to do, increase, decrease or whatever.</p> <p>15 I've been trained on how to do everything</p> <p>16 there is to do with the pump. I can put it on, take</p> <p>17 it off, bolus my meals when I need to, do my testing,</p> <p>18 everything that needs to be done.</p> <p>19 With regards to any types of problems, in the</p> <p>20 correspondence I received this year, Dr. Martin's</p> <p>21 letter stated -- also my supervisors' letters have</p> <p>22 stated -- I've never had any problems. I've never had</p>	<p>10</p> <p>12</p> <p>1 As far as my exercise log, I brought all the</p> <p>2 stuff you requested.</p> <p>3 MS. KELLER: Thank you.</p> <p>4 MR. ATKINS: I also brought all the</p> <p>5 information that you requested from the letter: my</p> <p>6 files from Dr. Martin, my current optometry files from</p> <p>7 Dr. Mothershed. You requested PEB; I brought that</p> <p>8 with me, and also a letter once again from my</p> <p>9 supervisor stating he's had no problem.</p> <p>10 So as of now, everything I believe that you</p> <p>11 all requested I've got updated in this folder.</p> <p>12 As I said, doing my job I don't believe I've</p> <p>13 caused any problems, caused any danger to myself or</p> <p>14 the public. Same situation as it was, like I said,</p> <p>15 three years ago. I have not had any changes since</p> <p>16 then. I'm under the same doctor's care, wearing the</p> <p>17 same pump, doing the same regimen as I was then.</p> <p>18 Like I say there was miscommunication or</p> <p>19 misunderstanding on my behalf. At that time I was</p> <p>20 working with Pat, and then I was working with Karen</p> <p>21 Newton, who I believe she was here for two years. And</p> <p>22 the miscommunication was that she was telling me to</p>

<p>1 continue to do what needed to be done with my doctor 2 and with my park, if there was any problems let us 3 know, not understanding that it still needed to have 4 information mailed in.</p> <p>5 That's why you haven't received anything from 6 anybody in my park -- my supervisor or my chief or 7 anybody -- because we were under the impression that's 8 the program we were supposed to be doing. But we can 9 amend that and start doing whatever we need to do.</p> <p>10 But I don't know if that was my fault or 11 what. But once again, I've had no problems in those 12 two and a half, three years. Basically that's it.</p> <p>13 MS. BUCCELLO: What are you doing for 14 exercise now, Andy?</p> <p>15 MR. ATKINS: I have a treadmill that I'm 16 using at home in these cold months that we've been 17 having. And also our loop out at our office that we 18 use to do our pack testing on is gridded off and I'm 19 increasing my walking.</p> <p>20 I got a correspondence from Tammy that she 21 didn't think that my exercise at that time was enough, 22 so I started to increase it. And with Dr. Martin's</p>	<p>13</p> <p>1 park now in quite some time. And Natchez's got about 2 25 fighters now stationed there. But no, I have not.</p> <p>3 MS. BUCCELLO: Well, I'm looking at the 4 renewal that Karen Newton issued. And it states:</p> <p>5 "You must participate in a regular exercise 6 program approved by your supervising 7 physician. Documentation on your exercise 8 program progress must be provided to your 9 supervisor quarterly."</p> <p>10 MR. ATKINS: Right.</p> <p>11 MS. BUCCELLO: So have you done that?</p> <p>12 Because you haven't submitted any copies to us.</p> <p>13 MR. ATKINS: Okay, I have my exercise log. 14 This is what I keep on my treadmill. And I believe I 15 mailed you all copies of the first two months of --</p> <p>16 MS. BUCCELLO: Yeah, it showed that you 17 walked 30 minutes.</p> <p>18 MR. ATKINS: Yeah, it was showing that I 19 walked 30 minutes, and you all said that's not enough 20 so continue.</p> <p>21 The only limitation that I have through my 22 doctor's office is weight lifting. Dr. Martin does</p>
<p>1 approval, I believe you all were going to try to set 2 up a program or set up something. I'm not sure if you 3 all are going to do that through y'all or through my 4 physical fitness coordinator or what.</p> <p>5 MR. DAVIES: Are there any other questions?</p> <p>6 MS. BUCCELLO: Yeah, I have a couple.</p> <p>7 Andy, I guess, you know, you and I have 8 talked, and I know you feel there might have been some 9 discrepancy when Karen Newton was on Board.</p> <p>10 Your waiver states that you're not to 11 participate in any arduous duty while at fire 12 assignments. Have you been doing that?</p> <p>13 MR. ATKINS: The only thing that I'm still on 14 restricted to is out-of-park wildland fires.</p> <p>15 MS. BUCCELLO: And have you been 16 participating in out-of-park wildland fires?</p> <p>17 MR. ATKINS: No, I have not.</p> <p>18 MS. BUCCELLO: Have you been participating in 19 in-park wildland fires?</p> <p>20 MR. ATKINS: The past two years I have not. 21 We now have a fire crew, and in fact the Law 22 Enforcement Division has not done any fires in our</p>	<p>14</p> <p>16</p> <p>1 not like to have her patients do heavy weight lifting 2 due to eye problems, messing up your capillaries.</p> <p>3 MS. BUCCELLO: So have you submitted that 4 exercise program -- have you done what this and your 5 previous waiver requested, which is participate in a 6 regular exercise program approved by your supervisor 7 and that you've documented and provided that to your 8 supervisor quarterly?</p> <p>9 MR. ATKINS: Right. Kim Corpus, my 10 supervisor, I physically showed him this book when we 11 had the meeting, and I had it with me. So he --</p> <p>12 MS. BUCCELLO: When you had what meeting?</p> <p>13 MR. ATKINS: When we had the conference call 14 with you.</p> <p>15 MS. BUCCELLO: The very recent meeting that 16 was prompted by us reviewing.</p> <p>17 MR. ATKINS: Right. Yeah. Like I said, I've 18 been showing him my log.</p> <p>19 MS. KELLER: But prior to that had you been 20 showing him your log quarterly?</p> <p>21 MR. ATKINS: I've been doing the program 22 through him and keeping him advised of what's going</p>

<p>1 on, showing him, you know, the information that I was 2 keeping. Like I said, the only limitation we had on 3 that was the weight lifting. But as far as the 4 walking, and we were trying to get some other type of 5 cardiovascular exercises there at the park going too.</p> <p>6 MS. BUCCELLO: Andy, I am concerned about the 7 exercise program, because when you initially came 8 before the Board in 2002, you didn't really have an 9 exercise program then. And from what we've seen on 10 your log, your exercise program is very minimal. It's 11 30 minutes of walking three times a week.</p> <p>12 MR. ATKINS: Well, that's why I started 13 increasing it.</p> <p>14 MS. BUCCELLO: You started increasing it 15 after we told you you were going to have to come back 16 to this Board.</p> <p>17 MR. ATKINS: Well, like I stated, you know, 18 there's never been a formal or a program set up 19 saying, okay, we need to do this, this and this. So I 20 started doing that on my own at home, like I said with 21 my treadmill I bought.</p> <p>22 And what I was doing is starting off at that</p>	<p>17</p> <p>1 twice a year, but we're trying do it six times a year.</p> <p>2 MR. POWELL: And this is what the park 3 program suggests.</p> <p>4 What do other employees in the park do as far 5 as what do they comply with, and who do they follow up 6 with to ensure that the fitness standards are -- 7 there's compliance with fitness standards?</p> <p>8 MR. ATKINS: I believe that would be the 9 chief ranger's office. I'm not sure.</p> <p>10 MR. POWELL: You're not sure who the fitness 11 coordinator is?</p> <p>12 MR. ATKINS: Like I said, I believe the 13 deputy chief is the coordinator, but I believe the 14 chief ranger actually signs the paperwork or whatever. 15 I'm not exactly sure how that works.</p> <p>16 MR. POWELL: And the issue prior is that he 17 was supposed to report quarterly to whom?</p> <p>18 MS. BUCCELLO: He was supposed to -- in his 19 initial waiver and in his subsequent renewal: 20 "You must participate in a regular exercise 21 program approved by your supervisor and 22 physician. Documentation on your exercise</p>
<p>1 time, the 30 minutes, but now instead of doing it 2 time-wise, I'm doing it distance-wise. And I'm trying 3 to get up to around three-mile endurance. Right now 4 that's my goal is to try to get up to three miles.</p> <p>5 MR. POWELL: What does your physical fitness 6 coordinator do in the park, and what are the standards 7 that you understand that are set for that?</p> <p>8 MR. ATKINS: Well, the physical fitness 9 coordinator I believe is the deputy chief. I'm not 10 exactly sure. We have three or four people in the 11 park that give the PEB, one of them being a ranger in 12 my district, Jeff Penny.</p> <p>13 And after our last PEB and our discussion, he 14 gave me a sheet of trying to increase the PEB-selected 15 exercises that we do or selected tests that we do, the 16 agility run, the mile and a half, the stretching and, 17 like, I said the weight lifting, I do that through 18 Dr. Martin.</p> <p>19 So he has set up, you know, how he would like 20 to see it be increased over a certain amount of time. 21 Right now my supervisor is trying to do a PEB test 22 once every other month. We're only required to do it</p>	<p>18</p> <p>1 program and progress must be provided to 2 your supervisor quarterly."</p> <p>3 MR. POWELL: Okay.</p> <p>4 MR. ATKINS: And like I said, part of that 5 went along with extra testings we were doing, because 6 that allows our supervisors to watch us through our 7 improvements increasing or decreasing.</p> <p>8 MS. BUCCELLO: Andy, do you think your 9 diabetes is in control?</p> <p>10 MR. ATKINS: I believe my diabetes is under 11 control with the work that I'm doing with Sherry 12 Martin. I know that in my testing that some of my 13 scores are above the normal range. But every time, 14 like I said, I go and have my meter downloaded, we 15 discuss it and she tweaks my computer.</p> <p>16 She calls me up and says, Okay, move these 17 numbers here and move those numbers there. And she's 18 explained to me that this is going to be an ongoing 19 process for the rest of my life maybe.</p> <p>20 I know that there's a couple times when the 21 numbers have been high, 300 plus. But if you look at 22 it, immediately they come back down. I know when you</p>

<p>1 all called up and asked about there was one section of 2 numbers there that were really low. But if you also 3 looked at my exercise log, which we talked about, I 4 had the flu for two weeks. I was in bed. And my 5 numbers stayed below 80. I had the flu. I wasn't 6 eating, and I wasn't retaining much food.</p> <p>7 DR. SALADINO: What were the symptoms? When 8 you say you had the flu, you mean respiratory? 9 Gastrointestinal?</p> <p>10 MR. ATKINS: It was fever, throwing up, going 11 to the bathroom constantly.</p> <p>12 DR. SALADINO: So you had gastrointestinal.</p> <p>13 MR. ATKINS: Yeah, the full-bore flu. The 14 only thing I didn't really have was the high fever. I 15 had one of those low-grade. It stayed about 100 for 16 about four days.</p> <p>17 DR. SALADINO: So you had fever, vomiting, 18 diarrhea?</p> <p>19 MR. ATKINS: That stuff.</p> <p>20 DR. SALADINO: Pretty gut-wrenching stuff. 21 See, I thought that was unusual, because the stress of 22 that sort of an illness would often increase the blood</p>	<p>21</p> <p>1 get low like that, I can start to feel the twitching 2 and start to feel that my body is not exactly right. 3 And when I go in I'll take a test -- you'll 4 notice some of those tests are done at weird hours 5 too. I would take my meter and do my test. And if I 6 need something, my regimen for sick days -- such as 7 today, I'm drinking straight orange juice, which is 8 sugar and carbs. But if you're not eating right, you 9 need to supplement it some way. When I'm doing that, 10 Dr. Martin's regimen is fruit juices or straight sodas 11 that may be 2 ounces a glass until your sugars can 12 come back up.</p> <p>13 DR. SALADINO: When is the last time you saw 14 Dr. Martin?</p> <p>15 MR. ATKINS: I just went to her -- it was 16 last month -- I've got it right here on the records 17 y'all requested. That date was -- January 25th of '05 18 was my last appointment with Dr. Martin.</p> <p>19 DR. SALADINO: That was the last time you saw 20 her. And she made some adjustments in your insulin. 21 I think she increased the insulin doses?</p> <p>22 MR. ATKINS: Well, she -- like I said, she</p>
<p>22</p> <p>1 sugar, even if you don't eat. Sugar is stored in your 2 liver and breaks down when you're sick or when you're 3 stressed.</p> <p>4 So I was worried about it looks like three 5 weeks there, late January to mid February, you had 6 almost daily low blood-sugar readings. But you didn't 7 miss any time from work?</p> <p>8 MR. ATKINS: No, sir. Like I said, 9 documenting on my log from about February the 8th 10 through the whole next week, I was basically down and 11 out, staying at home, staying in bed.</p> <p>12 DR. SALADINO: So you did miss work.</p> <p>13 MR. ATKINS: But that's for the flu not for 14 the diabetes.</p> <p>15 DR. SALADINO: No, I know, but you did miss 16 work? You took some sick leave?</p> <p>17 MR. ATKINS: Yeah, I took some time off then.</p> <p>18 DR. SALADINO: Um-hm. How did you feel when 19 you had -- it's a lot of low readings there. How did 20 you feel when you had 30, 39, 47, 42, you know, on 21 your glucose log there?</p> <p>22 MR. ATKINS: I can -- well, when I start to</p>	<p>22</p> <p>1 moves the numbers. So if you go on --</p> <p>2 DR. SALADINO: She moved them up in late 3 January, increased --</p> <p>4 MR. ATKINS: Well, if you look at January '05 5 compared to July of '04, you can see the way the 6 numbers change.</p> <p>7 DR. SALADINO: Yeah. So when you saw her in 8 late January, she adjusted your insulin for you to 9 take more.</p> <p>10 MR. ATKINS: Right.</p> <p>11 DR. SALADINO: January 25th.</p> <p>12 MR. ATKINS: And part of that is due to the 13 level of my A 1 Cs from my last test which was at 9.4. 14 So she adjusts that. We're finding that my 15 mid-morning sugars usually are running a little bit 16 high right now where my late sugars are not. The 17 first test I usually take early in the morning is 18 okay, but then my blood test I take will be more 19 elevated than she likes, so she would change those 20 numbers over.</p> <p>21 DR. SALADINO: So the last time you saw her 22 was January 25th. That morning, shortly after</p>

<p>1 midnight, you had a 30, according to your log. 2 January 25th, 2005, 12:49 a.m. you had a 30 shortly 3 after midnight. Then 4:48 a.m., the rest of the day 4 you were over 200. And then within a couple of 5 days -- let's see here, you got the flu February, but 6 January 31st you had a 39 at 8:00 a.m.?</p> <p>7 MS. BUCCELLO: A 19 on February 12th.</p> <p>8 MR. ATKINS: Now, some of those numbers, if 9 you notice, some tests are done, and then a few 10 minutes later -- I don't know if some of those logs 11 are done -- I'll take another test. Because if I get 12 a number that's really off -- like that test is done 13 at 5:01 and I waited five minutes and took another 14 test to see if that number was true or there was 15 something going on with --</p> <p>16 MS. BUCCELLO: Well, it's still 36.</p> <p>17 MR. ATKINS: Yeah.</p> <p>18 DR. SALADINO: A lot of low readings.</p> <p>19 Did you call Dr. Martin while you were sick?</p> <p>20 MR. ATKINS: Yes. That's what I said, I let 21 them know what was going on. Actually I talked to her 22 nurse Shelley and let her know what was going on.</p>	<p>25</p> <p>1 low and they'll start to show signs of almost like 2 being intoxicated where they'll start to act like 3 they've been drinking or whatever, and do all the 4 classic symptoms of that. And I've never had any 5 problems like that.</p> <p>6 DR. SALADINO: But you don't feel too bad 7 when you get those low readings.</p> <p>8 MR. ATKINS: No.</p> <p>9 DR. SALADINO: Well, what does she want you 10 to do when you have a 35 or 40? What does Dr. Martin 11 want you to do?</p> <p>12 MR. ATKINS: Well, like I said, go ahead and 13 either drink some fluids or something that will get 14 the sugars up quickly, or if I'm at home or something 15 instead of at work or whatever, I may eat a couple 16 peanut-butter crackers, and that will usually do okay.</p> <p>17 But like I said, I've never had a situation 18 where I've needed to immediately slam on the car. And 19 like I said, I carry in my kit -- I carry my 20 emergency -- whatever you call it -- glucose tablets. 21 They've still got the original seal on them. I don't 22 even know how old they are. I've never had to use</p>
<p>26</p> <p>1 DR. SALADINO: Did they make some 2 adjustments -- looks like you saw her on the 25th, and 3 it wasn't too much later before you started showing up 4 with a lot of low readings here. I guess --</p> <p>5 MR. ATKINS: And I called them and let them 6 know because -- I thought I had that with me. I just 7 went and did a download at her office. Like I said, I 8 thought it was just last month.</p> <p>9 DR. SALADINO: And how do you feel when your 10 blood sugar is 40 or 36? Twitchy?</p> <p>11 MR. ATKINS: You know, I can feel it in my 12 body if it's starting to get low. That's why I say, 13 if I start to feel something like that, I can do my 14 test right then. But it doesn't cause me any 15 problems.</p> <p>16 DR. SALADINO: It doesn't cause you a problem 17 if you're 40 or 36?</p> <p>18 MR. ATKINS: I've never had any -- you 19 know --</p> <p>20 DR. SALADINO: You tolerate it pretty well.</p> <p>21 MR. ATKINS: So far. Like I said, I've never 22 had it to where -- diabetics will sometimes get too</p>	<p>28</p> <p>1 them.</p> <p>2 DR. SALADINO: Never used one.</p> <p>3 MR. ATKINS: Never used them.</p> <p>4 DR. SALADINO: What else have you got in 5 there that's got sugar?</p> <p>6 MR. ATKINS: Well, I mean, like I said, I 7 carry my granola bars. And the one thing I carry is 8 my emergency gluco-gun injector. And I've had --</p> <p>9 DR. SALADINO: Never used that?</p> <p>10 MR. ATKINS: Never used it. The only think I 11 ever do with this is once they expire, I give it to my 12 wife and say, "Here, practice, but don't stick me."</p> <p>13 So she's the one who's going to have to give it to me, 14 but I've never used it.</p> <p>15 DR. SALADINO: So did you take sick leave 16 when you had the nausea -- when you had the fever, the 17 vomiting, the diarrhea?</p> <p>18 MR. ATKINS: Yeah.</p> <p>19 DR. SALADINO: How much sick leave did you 20 take between February 8th and February 18th? Did you 21 miss the whole time or --</p> <p>22 MR. ATKINS: No, no, no. I think I was out</p>

<p>1 of work maybe three or four days. I don't recall.</p> <p>2 DR. SALADINO: So a lot of those days you</p> <p>3 worked with 40s, 34s, 49, but you didn't feel like --</p> <p>4 you didn't feel like you could eat, but you didn't</p> <p>5 feel that bad from the readings.</p> <p>6 MR. ATKINS: Well, and also, like I said,</p> <p>7 with my numbers and everything, and when I'm sick I</p> <p>8 eat real light anyway. But I didn't have any</p> <p>9 problems.</p> <p>10 DR. SALADINO: Now this week you have</p> <p>11 bronchitis?</p> <p>12 MR. ATKINS: Yeah, I developed it Friday. In</p> <p>13 fact, I went to the doctor Saturday morning and said I</p> <p>14 was coming up here and I needed something, so -- my</p> <p>15 physician.</p> <p>16 DR. SALADINO: How did your sugars look over</p> <p>17 the weekend?</p> <p>18 MR. ATKINS: They're doing fine. They're</p> <p>19 probably a little bit on the low side also because I'm</p> <p>20 not eating as much. Like I said, with Sherry's last</p> <p>21 programs for my computer, it's basically for my diet.</p> <p>22 But I've been off a little bit on my food. That's</p>	<p>29</p> <p>1 medication worked like half, 50/50, but my blood</p> <p>2 sugars were still way out of whack then.</p> <p>3 DR. SALADINO: Do you know what the</p> <p>4 hemoglobin A1C is? Do you know what that blood test</p> <p>5 means?</p> <p>6 MR. ATKINS: It's basically, the way I</p> <p>7 understand it, a three-month average of my hemoglobin</p> <p>8 that's in my blood.</p> <p>9 DR. SALADINO: Glucose that's in your blood?</p> <p>10 MR. ATKINS: The glucose, yeah, my blood</p> <p>11 sugars.</p> <p>12 DR. SALADINO: And you know it's been running</p> <p>13 high going back --</p> <p>14 MR. ATKINS: Well, I mean it was high, like I</p> <p>15 said, for a while, and then it got down low again when</p> <p>16 I first did this. It slowly crept back up. The last</p> <p>17 test was what, 9.3?</p> <p>18 DR. SALADINO: The one before that was over</p> <p>19 10 in July of 2004 right before you had your Park</p> <p>20 Service physical.</p> <p>21 MR. ATKINS: So -- and now, like I said,</p> <p>22 we're working getting it back down. That's why I told</p>
<p>1 why, like I say, I'm drinking regular juice this</p> <p>2 morning instead of a sugar-free beverage to make sure</p> <p>3 my sugars don't get too low.</p> <p>4 DR. SALADINO: You were diagnosed with the</p> <p>5 diabetes in '87.</p> <p>6 MR. ATKINS: Um-hm.</p> <p>7 DR. SALADINO: You started the pump in 2001.</p> <p>8 MR. ATKINS: Um-hm.</p> <p>9 DR. SALADINO: When did you start insulin?</p> <p>10 Right away? 1987?</p> <p>11 MR. ATKINS: No, I was on -- oh, gosh, I</p> <p>12 can't remember the name of the oral pill. Anyway.</p> <p>13 DR. SALADINO: Oral pill?</p> <p>14 MR. ATKINS: Yeah, it was an oral medication.</p> <p>15 DR. SALADINO: Until when?</p> <p>16 MR. ATKINS: Until about maybe six months,</p> <p>17 approximately. I don't recall.</p> <p>18 DR. SALADINO: And that didn't work, so you</p> <p>19 had to go on insulin.</p> <p>20 MR. ATKINS: Well, what happened was, is my</p> <p>21 pancreas continued to make the insulin, but it just --</p> <p>22 I mean, quickly my body stopped using it. So the oral</p>	<p>30</p> <p>1 Sherry I wanted to aggressively work on that to get it</p> <p>2 back to where it needs to be.</p> <p>3 DR. SALADINO: You saw her January 25th.</p> <p>4 When did she want you to come back again?</p> <p>5 MR. ATKINS: Well, like I said, I just went</p> <p>6 and did a meter download just before I came up here.</p> <p>7 DR. SALADINO: Just now? Three months later?</p> <p>8 MR. ATKINS: Probably it was like last month.</p> <p>9 I'm sorry I don't have those records. But, yeah, I</p> <p>10 just went and did one with her, and she tweaked the</p> <p>11 numbers.</p> <p>12 DR. SALADINO: So she saw you in late</p> <p>13 January, and when did she want you to come back?</p> <p>14 MR. ATKINS: My next appointment is I think</p> <p>15 the first of August. But I do go -- what I do is two</p> <p>16 times a year I go for a full exam, then two times a</p> <p>17 year I go for just medicals, which is A1Cs.</p> <p>18 But if anytime I need to, I can go and she'll</p> <p>19 do a meter download and tweak my numbers on my pump.</p> <p>20 And so I actually go into her office four times a</p> <p>21 year.</p> <p>22 DR. SALADINO: I didn't see -- she sent a</p>

<p>1 nice letter there in late January -- actually, it was 2 dated March 28th looking back to late January. I 3 didn't see where she checked your feet. Did she check 4 your feet in January?</p> <p>5 MR. ATKINS: Oh, yeah, yeah, she does that.</p> <p>6 DR. SALADINO: She doesn't tell us about 7 that.</p> <p>8 MR. ATKINS: No, I've had no problems with 9 that. In fact, I saw a podiatrist -- let's see -- 10 about June of 2003 I was visiting my mother and she 11 had to go, so I just asked him to have a look. And 12 there's no problems.</p> <p>13 DR. SALADINO: What did they do besides look? 14 What does Dr. Martin do for your feet?</p> <p>15 MR. ATKINS: Well, obviously she checks them 16 and makes sure -- for possible cracking or any nail 17 problems or anything like that.</p> <p>18 DR. SALADINO: So she looks at them.</p> <p>19 MR. ATKINS: She looks at them, takes a 20 pulse.</p> <p>21 DR. SALADINO: Takes a pulse, okay.</p> <p>22 MR. ATKINS: Makes sure they have circulation</p>	<p>33</p> <p>1 you?</p> <p>2 MR. ATKINS: No, no, no, I went and had a 3 meter downread.</p> <p>4 MS. BUCCELLO: And what was the date on that?</p> <p>5 MR. ATKINS: I believe it was right here at 6 the end of March, and --</p> <p>7 MS. BUCCELLO: And you haven't provided that 8 to us?</p> <p>9 MR. ATKINS: I neglected -- I just checked 10 through all the stuff that I brought, and I didn't -- 11 I don't see where I brought that part. But like I 12 said, I brought everything else, and I thought I had 13 that with me.</p> <p>14 MS. BUCCELLO: Will you be sure to get that 15 back to Tammy?</p> <p>16 MR. ATKINS: Yeah. It may be in this stack 17 here. Because like I said, I went in there and asked 18 for a recent meter reading.</p> <p>19 Let me just look real quick here. Oh, wait a 20 minute. Wait, wait, wait, wait, wait. Yeah, here we 21 go. Here we go. I'm sorry, I do have it.</p> <p>22 MS. KELLER: Andy, when you say that you go</p>
<p>34</p> <p>1 and, you know, fusses at me if I come walking in in my 2 cowboy boots.</p> <p>3 DR. SALADINO: Does she take a wire or a 4 brush and run it over your foot or under your foot?</p> <p>5 MR. ATKINS: She's done that periodically, 6 but that's not something she does all the time.</p> <p>7 DR. SALADINO: Not recently.</p> <p>8 MR. ATKINS: No.</p> <p>9 DR. SALADINO: Did the podiatrist do that?</p> <p>10 MR. ATKINS: He looked at it and did all 11 that, yeah. He took and tickled the bottom of my foot 12 and everything.</p> <p>13 DR. SALADINO: What did he tickle it with?</p> <p>14 MR. ATKINS: It was some sort of wooden stick 15 or something he had. I think it's one of those things 16 they use for their ears but you turn it around; there 17 was no cotton on it or whatever.</p> <p>18 DR. SALADINO: Not a wire?</p> <p>19 MR. ATKINS: No, uh-uh. Well, not that I 20 know of. I was talking to him while he was doing it.</p> <p>21 MS. BUCCELLO: Andy, what was the date you 22 said you had a recent A1C but you didn't bring it with</p>	<p>36</p> <p>1 in twice to see her and then twice more for blood 2 draws, are you getting blood draws four times a year?</p> <p>3 MR. ATKINS: Yeah. But what I said was two 4 times a year it's for a full exam, two times a year 5 it's just labs only.</p> <p>6 MS. KELLER: Right, okay. But labs four 7 times a year.</p> <p>8 MR. ATKINS: Yeah.</p> <p>9 And here's all the rest of the stuff you all 10 requested too.</p> <p>11 MS. BUCCELLO: Just because we don't have 12 copies for the group, I'm going to go ahead and read 13 them the comments, then I'll give it to Dr. Saladino.</p> <p>14 MR. ATKINS: Sure.</p> <p>15 MS. BUCCELLO: The comments on your most 16 latest, which was 3-14 to 4-13:</p> <p>17 "Overall 49 percent of the readings are in 18 the target range with a few hypo- and 19 hyperglycemic incidents. Your overall 20 average is 128. You've had seven episodes 21 of very low blood glucose within the last 22 31 days, and one episode of very high blood</p>

000861

1	glucose."	37	1	except for my one cousin. But as far as friends, oh,	39
2	We'll get you a copy of that.		2	yes. I know quite a few people. several people I work	
3	MR. ATKINS: Thank you.		3	with have been diagnosed. Several people I go to	
4	DR. SALADINO: Is there any diabetes in your		4	church with.. A good friend of mine who's a lawyer is	
5	family? Parents? Aunts? Uncles? Brothers?		5	diabetic, and he's had a couple problems mainly	
6	Sisters?		6	because he's tried to diagnose himself. He one of	
7	MR. ATKINS: There was none that anybody		7	these people who reads everything and does everything.	
8	could remember, and then within 30 days myself and my		8	He's actually had a couple of bad episodes.	
9	cousin in Georgia were both diagnosed. And neither		9	DR. SALADINO: Do you know that diabetes is	
10	one of us met any of the criteria for it. It just all		10	the most common cause of blindness in the United	
11	of a sudden happened. I don't know why.		11	States?	
12	DR. SALADINO: Is he older or younger?		12	MR. ATKINS: Um-hm, diabetes is getting hold	
13	MR. ATKINS: She's -- let's see, at the time		13	of a lot of things. It's one of the fastest growing	
14	she was 16, and she's about what 15 years younger than		14	disabilities if not the fastest right now.	
15	me. In fact, her blood sugars really went out the		15	DR. SALADINO: Most common cause of blindness	
16	roof, and she had a lot of problems because she		16	in the United States.	
17	literally didn't weigh anything, and they couldn't		17	Do you know anybody who's lost a toe or a	
18	even give her injections because she didn't have any		18	foot or a leg to diabetes?	
19	skin on her bones.		19	MR. ATKINS: Not yet.	
20	MR. BURNETT: She was a cousin on your		20	DR. SALADINO: The guy in the church hasn't?	
21	mother's side or father's side?		21	MR. ATKINS: No, he's just been diagnosed,	
22	MR. ATKINS: On my mother's side.		22	oh, gosh, about six years ago.	
1	But prior to that, none that my family can	38	1	DR. SALADINO: Because there's a big study	40
2	remember as far back as we know.		2	called the DCCT, Diabetes Clinical Control Trial, that	
3	DR. SALADINO: She uses insulin too?		3	correlates some of these complications with the	
4	MR. ATKINS: Yeah, she's on insulin. She was		4	hemoglobin A1C. The higher the hemoglobin A1C the	
5	put in insulin immediately.		5	more likely you are to wind up with nerve damage in	
6	DR. SALADINO: How's she doing now?		6	your feet, damage in your eyes.	
7	MR. ATKINS: Oh, she's doing great.		7	MR. ATKINS: Right.	
8	DR. SALADINO: But she had a lot of problems		8	DR. SALADINO: A big correlation, a good	
9	initially.		9	study. DCCT. You should ask your doctor about -- you	
10	MR. ATKINS: Initially, yeah. Mainly because		10	should ask Dr. Martin, "What is DCCT?" Ask her to	
11	of her size and her body weight. I mean, she was 16		11	explain that to you.	
12	years old and weighed like a hundred pounds. She		12	MR. ATKINS: Well, the podiatrist I went to,	
13	could eat 10 raisins and her blood sugars would just		13	he was explaining some of that to me. Because the	
14	go up to 400. So she had problems. But she's doing		14	problems with diabetes and their feet. And he was	
15	great now, under control, just graduated college, got		15	telling me that if you keep your A1Cs down to	
16	her own job and doing great.		16	approximately 6.4, if you maintain 6.4, which is a	
17	DR. SALADINO: Do you know any other		17	perfect range in a perfect world, 80 percent of the	
18	diabetics, anyone else who uses insulin?		18	diabetic problems with feet could be eliminated.	
19	MR. ATKINS: Oh, yes. As a matter of fact, I		19	That's his belief.	
20	work with a couple.		20	DR. SALADINO: I don't know if it has to be	
21	DR. SALADINO: Friends or relatives?		21	6.4, but every point you drop, every bit you improve	
22	MR. ATKINS: Well, like I said, no relatives		22	your control -- but you've been diabetic for 19 years.	

<p>1 MR. ATKINS: Um-hm.</p> <p>2 DR. SALADINO: And your retina was pretty</p> <p>3 good. Retinal exam was pretty good.</p> <p>4 MR. ATKINS: In fact, I brought a copy of</p> <p>5 my -- Dr. Mothershed is my optometrist now. My</p> <p>6 stepfather was before, basically when I was born. But</p> <p>7 Dr. Mothershed is taking care of me now. He was</p> <p>8 referred to me by Dr. Martin because he works with</p> <p>9 diabetics. And I see him once a year for a full exam</p> <p>10 with x-rays, or with the pictures taken.</p> <p>11 DR. SALADINO: Were you surprised by these</p> <p>12 low readings that you had in late January, early to</p> <p>13 mid February when you were sick? Did that worry you?</p> <p>14 MR. ATKINS: Well, like I say, when I get</p> <p>15 sick, my numbers tend to go down anyway if I'm not</p> <p>16 feeling good, so . . .</p> <p>17 DR. SALADINO: And you can't manage that?</p> <p>18 You're not capable of cutting back on your insulin?</p> <p>19 MR. ATKINS: Yeah.</p> <p>20 DR. SALADINO: Dr. Martin didn't give you</p> <p>21 something to get you out of that in a hurry?</p> <p>22 MR. ATKINS: Well, what you can do is if you</p>	<p>41</p> <p>1 where I got low was at weird hours too. I think a</p> <p>2 couple of them were early, early in the morning, which</p> <p>3 that's another thing. When I have low readings I'll</p> <p>4 wake up. And I'll go do a test right there in my</p> <p>5 kitchen and stand there and drink half a coke or</p> <p>6 whatever. I guess my body just tells me time to get</p> <p>7 up and do something.</p> <p>8 DR. SALADINO: So you do feel it when you're</p> <p>9 42 or 47 or --</p> <p>10 MR. ATKINS: Well, yeah, you can feel your</p> <p>11 system. I mean, like I said, you start to get a</p> <p>12 little shaking, you'll start to maybe just feel -- I</p> <p>13 don't know how to explain it all together.</p> <p>14 DR. SALADINO: Did you know that sometimes</p> <p>15 diabetics lose that feeling after 20 years? They stop</p> <p>16 feeling the lows until they get like very low?</p> <p>17 MR. ATKINS: I know that -- such as the</p> <p>18 friend of mine who's the lawyer, he's under such</p> <p>19 perfect control with his -- I mean his blood sugars</p> <p>20 stay at about 110. He does exact same regimen every</p> <p>21 single day. And he did not realize when he hit a</p> <p>22 really low low, and, in fact, he's blacked out twice</p>
<p>1 know that -- well, you might not know it, but if you</p> <p>2 think you're going to be sick for a period of time,</p> <p>3 you can go through and reprogram your pump to do a</p> <p>4 alternate bolus where it actually goes in boluses a</p> <p>5 little bit less, and then when you're done you can</p> <p>6 reprogram it back out.</p> <p>7 DR. SALADINO: Right. But you didn't do that</p> <p>8 in late January, early February?</p> <p>9 MR. ATKINS: Like I said, I've never had any</p> <p>10 problems with needing to do that, and I've never</p> <p>11 experienced it where I needed to use that program in</p> <p>12 the computer. And like I said, I informed her, and</p> <p>13 she's like, "Well, just do your testing and see what</p> <p>14 happens." And when it would get low, like I said,</p> <p>15 some juice or --</p> <p>16 DR. SALADINO: How low does -- did she write</p> <p>17 down how low you should take action?</p> <p>18 MR. ATKINS: Well, on her scale once you get</p> <p>19 below 80, that's below the normal range. Then once</p> <p>20 you get down to 60, that's when you need to start</p> <p>21 thinking about doing something.</p> <p>22 But if you notice some of those readings</p>	<p>42</p> <p>1 that I know of where's he's had to be rushed to the</p> <p>2 hospital.</p> <p>3 DR. SALADINO: That's what I'm worried about,</p> <p>4 that maybe you're not feeling these lows. Feeling</p> <p>5 twitchy; I don't know.</p> <p>6 MR. ATKINS: Like I said, when I feel that, I</p> <p>7 have my stuff with me that I take. But I've never had</p> <p>8 the problem to where I've needed to, you know, use my</p> <p>9 emergency tablets or use my emergency gluco-gun.</p> <p>10 Well, your gluco-gun is for if somebody finds you.</p> <p>11 But, you know, I've had those tablets for years and</p> <p>12 I've never had any problems.</p> <p>13 MS. BUCCELLO: Phil, did you have a question?</p> <p>14 MR. SPOTTSWOOD: When he's finished.</p> <p>15 DR. SALADINO: Go ahead. I'm going to look</p> <p>16 at the glucose log.</p> <p>17 MR. SPOTTSWOOD: I guess for the Board's</p> <p>18 sake, Andy, I just want to put something in proper</p> <p>19 context for you. I know you spent a couple of minutes</p> <p>20 sort of explaining to the Board through yourself and</p> <p>21 testimonials of other rangers that you've never had</p> <p>22 any problems relating to your diabetes.</p>

000863

1 One thing -- one of the reasons that you're
2 here is No. 1 is that the absence of documented
3 real-life situations regarding low blood-sugar levels
4 does not minimize safety risks and certainly doesn't
5 minimize the concerns that the National Park Service
6 has with regards to your ability to perform the full
7 range of law-enforcement duties safely and
8 efficiently.

9 Right now there's a well-documented record
10 that suggests that there's a pattern of repeated and
11 significant blood sugar fluctuations. And the
12 question is whether or not that is *prima facie*
13 evidence that your condition is not static and
14 stabilized.

15 And right now, if you look at our
16 regulations, your condition is not static and
17 stabilized. And you've spent a couple minutes sort of
18 indicating to the Board how you're trying to maintain
19 your blood-sugar levels, but you don't go into any
20 explanation as to why you're having these continued
21 problems.

22 An insulin pump is designed to optimize or

1 shift work that we do or stuff that we might have done
2 that our numbers will be off a little bit.

3 With me, I know that my A1Cs were up, and I
4 told her I needed to get my A1Cs down. And she knows
5 that, and she fussed at me about it. I said, "I know
6 it went up and I need to get it back down again."

7 So with the numbers that she's giving me, it
8 may be that she is working through the pump to get my
9 numbers, A1Cs back down to the 7-point range. Then
10 once I've gotten back down there to where I should be,
11 she'll back off again.

12 She has made a check on my readings, my meter
13 readings, and seeing where, okay, mid morning is where
14 my problem is right now. So that's why we need to
15 increase the bolusing on the pump right then.

16 DR. SALADINO: Or decrease the bolusing.

17 MR. ATKINS: Or excuse me, decreasing it, or,
18 you know, whatever we need to work on. And yes, she's
19 explained to me, "Okay, yeah, you need to work this."
20 As I stated, we'll talk about the podiatrist with
21 problems like that, with your feet, with your eye, you
22 know, with basic health all the way around.

1 maximize your ability to maintain good control.
2 Despite the use of an insulin pump, you're still
3 having problems.

4 So the question is, have you adequately
5 modified your lifestyle to meet the demands of this
6 particular condition? I don't know.

7 So instead of concentrating on what you're
8 doing to bring your diabetes under control, has your
9 doctor ever given you an explanation as to why,
10 despite medical intervention, despite the use of an
11 insulin pump, despite dietary restrictions, despite
12 advice to get into shape, you're still having
13 difficulty maintaining blood-sugar levels in a good
14 control level? Can you answer some of those
15 questions? Why?

16 MR. ATKINS: Dr. Martin and I, as I stated,
17 when I go to see her, we have discussions on what I
18 need to be doing and what exactly is going on, and if
19 there's any new type of work that I can do.

20 You know, with regards to the pump, like I
21 said, if you look every time I go to see her, we move
22 numbers. I know it's a problem sometimes because of

1 Is that what you mean or --

2 MR. SPOTTSWOOD: I was just trying to perhaps
3 get a better understanding from you as to why your
4 physician thought that in light of all the things that
5 your doctor is trying to do with you, coupled with an
6 insulin pump, you know, that you're still having these
7 significant fluctuations, and fluctuations you know
8 that, quite candidly, is giving the National Park
9 Service some serious concern.

10 And I think -- and I don't know if you've
11 achieved that optimum level of control at this point,
12 and I guess that's what the Board is trying to come to
13 grips with.

14 MR. ATKINS: I don't know if you can. I
15 mean, the optimum control would be, such as I stated
16 with the friend who's a lawyer. He does a job, he
17 goes to work every day at the same time, eats the
18 exact same meals every single day at the exact same
19 times. And he has A1Cs at 6.0, 5.8 whatever. And
20 that's someone who -- his regime that he does for
21 himself, he can keep his sugars right then.

22 Being with me, if I go in at 6:00 a.m., I'll

<p>1 have breakfast at 5:00 a.m. If I go in at 1:30 in the 2 afternoon, I may not have breakfast until 9 o'clock. 3 MR. SPOTTSWOOD: So you're attributing some 4 of your difficulties to the shift work. 5 MR. ATKINS: Well, I don't want to contribute 6 (sic) -- 7 MR. SPOTTSWOOD: Protracted hours? Irregular 8 hours? 9 MR. ATKINS: Well, I don't want to contribute 10 it or make an excuse about it. I'm just stating that 11 if my numbers look off for a period of time with, 12 okay, these mornings all your numbers are real low. 13 Well, why is that? Well, that's because I was eating 14 dinner at 4:30 in the afternoon because I'd eaten 15 breakfast real early the day before. 16 Or if you go through and you look at it and 17 say, okay, how come your bedtime readings are all 200, 18 well, I didn't eat dinner until 9 o'clock because I 19 went in on duty at 1:30. That's not an excuse, it 20 just may simply be that's the way it's happening with 21 me and the way my body reacts to it. 22 And also, unfortunately doing what a lot of</p>	<p>49 1 me. I'll pack a sandwich or something like that. I 2 don't do many fruits because my triglycerides were 3 high for a while. I'm on medication for that. But A 4 lot of times we are able to go out to get lunch or 5 something like that. Sometimes we're not. It all 6 depends. 7 DR. SALADINO: So you do bring your lunch 8 with you? 9 MR. ATKINS: I'll bring it sometimes if I 10 know I'm going to be the only one working. 11 DR. SALADINO: Not regularly though. You're 12 more likely to rely on what you can find when you can 13 find it. 14 MR. ATKINS: Well, being that my office and 15 my home is right there in town, literally my office is 16 within almost walking distance of numerous decent 17 restaurants, I'll do that a lot of times. 18 But if I know I'm going to be the only one 19 working and it's going to be a Saturday where I may 20 not have time to run in to town to get something, I'll 21 throw together a sandwich and something in my cooler 22 and put it in the car or do whatever. It just</p>
<p>1 law-enforcement people do is our diet's not exactly 2 the greatest thing in the world, because if you're on 3 patrol and you're the only one working, you can't 4 exactly go someplace and have a decent meal. So you 5 run through a fast-food place. 6 Or if you're working on something, you may go 7 through someplace and try to get something that's 8 halfway decent. Part of my problem with that is I'm 9 allergic to poultry, so I can't eat chicken. I can't 10 go grab a light chicken sandwich or something. 11 But that's not to make an excuse. I'm just 12 stating that may be why some of that -- doing that 13 way. So with Dr. Martin and her regimen, she's trying 14 to work with me and educating me on how to do what I 15 need to do along with programming the computer, 16 telling it how to help me out the best. 17 But, you know, as I stated, I haven't had any 18 problems yet. 19 DR. SALADINO: So you don't bring food with 20 you to work. 21 MR. ATKINS: I keep my kit with my snacks and 22 stuff. Like with my lunches, I'll have my lunch with</p>	<p>50 1 depends. 2 DR. SALADINO: How many rangers work at your 3 park? 4 MR. ATKINS: Work at the park? 5 DR. SALADINO: Yeah. How many per shift? 6 MR. ATKINS: Well, there's 30 rangers that 7 work the Natchez Trace Parkway. We cover 444 miles. 8 There's six rangers work in my district, but right now 9 there's only two of them on duty because we have two 10 vacancies and of course I'm on light duty, so . . . 11 DR. SALADINO: So when you're at work on full 12 duty, how many people do you talk on the radio to, or 13 how many people are out there if something happens? 14 Who's your backup? 15 MR. ATKINS: Oh. As far as backup goes -- I 16 know that was one of the things in my last waiver. 17 The five counties that we work in, I'd be willing to 18 bet that 75 to 80 percent of the time that we get an 19 emergency call such as a wreck or something like that 20 happening, we will have to move them out of our way to 21 get to it, even if I'm in town or even if it's in the 22 county I'm working in.</p>

1 As far as EMS goes, you can't sling a rock in
2 Mississippi without hitting somebody with a little red
3 light in their truck. So we got EMS everywhere.

4 As far as working in some of the counties
5 that are outside the main lead county where I work,
6 the counties there I've had no problems at all getting
7 assistance. In fact, A lot of times we'll call them
8 up and say, "Okay, there's a disabled car on the side
9 of the road 30 miles away," they'll be there before I
10 will just to check to make sure there's nobody there
11 that needs help or something.

12 Q How many other park rangers?

13 A As far as rangers go, sometimes there will be
14 three others on, sometimes you'll be the only one. We
15 do shift work from 6:00 a.m. to 10:00 p.m. on weekdays
16 and 6:00 a.m. to midnight on weekends.

17 So it depends. Sometimes you can be
18 working -- and sometimes we ride together and a lot of
19 times we're in cars by ourselves. It never is the
20 same.

21 DR. SALADINO: This is page 1 of your blood
22 glucose log from March 14th to April 13th. So that's

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1 MR. ATKINS: I'll do, but then also if it's a
2 weekday, I'll more likely go home for dinner. I mean,
3 like I said, I live almost in sight of the park.

4 DR. SALADINO: Who cooks? You cook or your
5 wife cooks?

6 MR. ATKINS: It just depends. Most of the
7 time she can do the microwave stuff, I can do the
8 actual meals. But usually when I go home I'll do a
9 Lean Cuisine or something like that.

10 DR. SALADINO: You gained about 20 pounds
11 between your exam in 2001 and your exam in the summer
12 of 2004. Did you realize that?

13 MR. ATKINS: No, and in fact Dr. Martin told
14 me, she said she would have bet money that I would
15 have done that. She said when somebody is on the pump
16 and they're trying to tweak it, their weight is going
17 to go up. And she sees it all the time when someone
18 that's first on the pump and they're getting their
19 blood sugars back around, that they gain an average of
20 about 15 pounds.

21 And I've asked her about, you know, "What can
22 I do to lose weight," and she says, okay, well, one

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1 from -- your meter prints that out for you, right?

2 MR. ATKINS: Right, well --

3 DR. SALADINO: You plug your meter into the
4 computer.

5 MR. ATKINS: I give it to them and they take
6 it to the back of the office. I don't -- Dr. Martin
7 does it.

8 DR. SALADINO: Dr. Martin's office prints
9 this out for you?

10 MR. ATKINS: Yeah.

11 DR. SALADINO: So between March 14th and
12 April 13th, there were seven episodes where your blood
13 sugar was below 50 in that just about one-month
14 period, seven times.

15 And I'm looking at the mid morning where you
16 mentioned that's particularly difficult for you. The
17 mid morning varies from 40 to 232. I'll just read
18 some of them: 132, 105, 232, 142, 84, 204, 40, 124,
19 97, 77. That's a lot of variability in a short span
20 of time.

21 When you work late, do you bring dinner with
22 you? Do you bring food to eat from home or --

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1 thing is the aerobic stuff. That's fine with her.
2 There's no limitation on that. The only limitation
3 she has on me is the weight lifting. And I've asked
4 her about, you know, supplements and things like that.
5 And unfortunately if you look at a lot of your
6 supplements and stuff, they have high cholesterol.

7 DR. SALADINO: So you're not on any more --
8 no more pills for the diabetes. Some people use
9 insulin and pills.

10 MR. ATKINS: Oh, no, no, no, no, no.

11 DR. SALADINO: But you're on pills for the
12 triglycerides.

13 MR. ATKINS: Yes. Actually there's two. One
14 is Diovan and one is Tricor and I have no idea --

15 DR. SALADINO: Diovan probably for your blood
16 pressure and your kidney protection --

17 MR. ATKINS: Well, the kidneys, yeah.

18 DR. SALADINO: -- and Tricor for your
19 triglycerides.

20 MR. ATKINS: Yeah.

21 MS. BUCCELLO: Andy, are there any
22 accommodations to your job that you think the agency

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1 could work with you on that would help you bring your
2 medical condition under control? You've mentioned
3 shift work, you know, your eating habits, et cetera.
4 But are there some accommodations the agency should
5 consider?

6 MR. ATKINS: Not -- I didn't come prepared to
7 think about something like that. I don't know,
8 because I don't know exactly what could be done. I
9 mean, I guess that could be something that could be
10 worked out with my supervisor and whatever else can be
11 done with him working for the chief's office through
12 your office if that's something that needs to be done
13 that way, or if it's just something that my supervisor
14 just needs to have me do. What do you mean, like
15 working 8:00 to 4:30 every day, something like that?

16 MS. BUCCELLO: Well, I'm asking you if you
17 have a recommendation of something that would make
18 your illness, your condition, more readily controlled.

19 You mentioned diet and how sometimes it's
20 difficult for you to get a healthy meal. A couple
21 times you've said something about shift work, but then
22 you said; "Well, that's not an excuse." So I just

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1 working with her that way.

2 So I think working with her office, working
3 with her office, and as I stated, do something with an
4 exercise program set up by the park or whatever that
5 is approved through either y'all or through the park
6 and then through her, maybe something like that, I
7 don't know. Whatever needs to be done.

8 MR. SPOTTSWOOD: Andy, how long have you been
9 on the pump?

10 MR. ATKINS: I started 2000 I believe it is.

11 DR. SALADINO: 2001.

12 MR. ATKINS: 2001?

13 MR. SPOTTSWOOD: And I think the term you
14 used, "tweaking," so you're still tweaking that pump
15 to get the right levels? Is that --

16 MR. ATKINS: Oh, yeah. Well, like I stated
17 in the records -- let me see if I can show you one.
18 This is just a copy, and the last numbers there at the
19 very bottom show you the military time midnight to
20 4:00 a.m., 4:00 a.m. to whatever, that's Sherry
21 Martin's numbers that I am to program into the
22 computer. And so each time I go to her office and she

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1 want to be sure that I'm hearing you right that you're
2 not asking the agency for an accommodation.

3 MR. ATKINS: Well, like I said, you can say
4 stuff like it's shift work or it's working in the
5 summertime in the heat or working in the wintertime in
6 the cold weather, something like that, or stating that
7 it's working 8:00 to 4:30 which you're not working at
8 night when all the quote, unquote, bad stuff is out
9 and dealing with stuff like that, or you're not
10 working the call-outs late at night 2:00, 3 o'clock in
11 the morning, stuff like that.

12 I don't know if that is something that needs
13 to be addressed, because I don't know if that would be
14 part of the control. Right now the best thing, as I
15 stated, working with Sherry and just continue to do
16 what she's telling me to do and trying to it worked
17 out better.

18 Like I stated, I think right now she's trying
19 to help me get my A1Cs back down to where they need to
20 be. Yes, they did get up high, but now the last two
21 tests they've starting to come back down. Last time I
22 worked really hard and got it down to 7.3 and I was

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1 looks at my numbers, she'll say, okay, and she'll call
2 me up and leave a message. "Let's move these
3 numbers," let's increase or decrease where it needs to
4 be done.

5 MR. SPOTTSWOOD: I mean, I hope you really
6 appreciate the park's concerns. And again, I'm not a
7 Park Service employee. I'm just part of their
8 Advisory Committee.

9 One of the concerns is that you've got to be
10 able to react and respond appropriately in
11 time-sensitive situations, and it requires the ability
12 to use good judgment.

13 Even though you've got rescue meds, always
14 remember that there is a lag time between the time you
15 take a particular rescue medication and the time for
16 that to act on your system.

17 So in essence, if there was a critical
18 situation that required your involvement and you had
19 low blood-sugar and you took a candy bar, it really
20 wouldn't be of any value. You'd pretty much be
21 incapacitated if there was a significant issue.

22 And I guess what the Board is struggling with

- 1 is trying to get a medical explanation as to why,
- 2 despite all these efforts, you still have these
- 3 significant fluctuations in the precipitous range.
- 4 And I guess that's what we're struggling with right
- 5 now.

6 MR. ATKINS: Yeah, and I know, and it's stuff
7 that I'm dealing with, it's stuff that I'm dealing
8 with with my doctor. And she'll fuss at me too when I
9 go in and she does a reading and there's a number of
10 300. She'll say. "Why?"

11 MR. SPOTTSWOOD: Why is she fussing at you?
12 What is she fussing at you about?

13 MR. ATKINS: That is, "Why did you have a 300
14 today?"

15 MR. SPOTTSWOOD: And what do you say to her?

16 MR. ATKINS: It may be a situation to where,
17 you know, I've been riding around and, you know, I'll
18 eat something that -- I'll eat a pack of crackers
19 thinking my sugar is low. So I'll just go ahead and
20 eat a pack of crackers. Okay, fine. My blood sugar
21 -- and I'll feel fine again. I won't even test. I'll
22 just say, "Okay, I feel my body not working right" so

1 I'll do something like that.

2 Well, hour and a half later when it's time
3 for my dinner meal or it's time for my lunch meal,
4 I'll do my test and it's 300. And I'll say, "What is
5 that?" Then I'll think back. Well, dummy, you just
6 ate a pack of crackers hour and a half ago.

7 MR. SPOTTSWOOD: So she's probably in some
8 ways suggesting that you're not doing all you can to
9 maximize your efforts to maintain good control. I
10 mean, is that fair to say that?

11 MR. ATKINS: Well, it's an education. It's
12 an ongoing process that I have to do. I mean, like I
13 said, I've been diabetic now since 1987, and it's
14 something that is constantly changing.

15 MR. SPOTTSWOOD: But it can't be a lifetime
16 education. There has to be some point in time when
17 those low blood-sugar levels become fewer and fewer.
18 Right now if you were to say seven out of four weeks,
19 that's 25 percent of every month that you've got these
20 low blood-sugar levels. And that's not insignificant.

21 So anyway. And that's what the Board is
22 struggling with, trying to get a handle on the whys

- 1 Is it an issue of patient compliance, perhaps you're
- 2 not doing all you can possibly do to modify your
- 3 lifestyle in order to meet a medical condition for
- 4 which there is no cure?

5 The best you can hope to achieve is good
6 control, good control to minimize the short-term
7 complications and slow down the hastening of those
8 long-term complications that invariably unfortunately
9 will catch up to you.

10 And the unfortunate part about not
11 maintaining good control is that there is a hastening
12 of those long-term complications, and I'm sure your
13 doctor will agree with that. So that's why I'm
14 raising these issues with you.

15 MR. ATKINS: Well, like I said, I'm trying to
16 do what they're telling me to do. I know that
17 sometimes I don't do exactly what -- I do what I'm
18 supposed to do, but sometimes I'll do it at the wrong
19 time, or sometimes I'll do what I'm not supposed to
20 do. Sometimes, you know, it just doesn't work out,
21 but --

22 MR. SPOTTSWOOD: You're light duty.

1 MR. ATKINS: Um-hm.

2 MR. SPOTTSWOOD: You haven't been doing any
3 shift work.

4 MR. ATKINS: I haven't been doing anything.
5 DR. SALADINO: When did you go on light diet?
6 MR. ATKINS: 3 weeks ago or so, something
7 like that.

8 MR. SPOTTSWOOD: How has your blood-sugar
9 level been during that period of light duty?

10 MR. ATKINS: It's been

11 MS. BUCCELLO: 321 going on light duty, so
12 it's included that log that we have from 4-14.

13 MR. ATKINS: They've been good. That's the
14 ready that I just went and had. Like I said, I've
15 been on light duty for that period of time and so I
16 went and got a meter reading which shows that the
17 majority of my blood sugars are in the good range.
18 Yes, there's some bad ones and yes, there's some goo
19 ones.

20 And I've also attempted to increase my
21 exercising too, which is also -- your blood sugars
22 will fluctuate on those also.

<p>1 I'm trying to get my A1Cs down, so I'm 2 consciously cutting out your long-term carbs, your 3 starchy carbs and stuff like that.</p> <p>4 So my blood sugars right now, they're running 5 on the medium to little bit of low side, but I'm 6 trying to get my A1Cs back down to where they need to 7 be, and I'm trying to not have super high readings or, 8 you know, not doing something that would cause that.</p> <p>9 Like I said, I've been on light duty. I've 10 been mainly sitting in the office doing dispatch work 11 and working on a patrol car. So I haven't been doing 12 any shift work, any night work, anything like that. 13 So we'll see how the numbers are there. But that's 14 why I went and got that meter reading, for that part 15 of it.</p> <p>16 MS. BUCCELLO: Thanks, Andy.</p> <p>17 MR. BURNETT: You said you were red-carded. 18 When was the last date of your red card?</p> <p>19 MR. ATKINS: Last time I was a red-carded 20 fire fighter?</p> <p>21 MR. BURNETT: Yeah.</p> <p>22 MR. ATKINS: When I was up here the last</p>	<p>65</p> <p>1 years and, as the doctor stated, 20 pounds ago. So 2 I'm trying to get it back down. But last time I was 3 here when I could do full duty, I believe it was 44. 4 I've never been a fast walker like that.</p> <p>5 DR. SALADINO: Have you ever had a treadmill 6 stress test --</p> <p>7 MR. ATKINS: No.</p> <p>8 DR. SALADINO: -- where you go to the 9 cardiologist's or doctor's office and they monitor 10 your heart while you're exercising?</p> <p>11 MR. ATKINS: I've never done that.</p> <p>12 DR. SALADINO: So Dr. Martin never brought 13 that up? Because you're a man over 40. Male over 40, 14 diabetes. Stress test has never been done?</p> <p>15 MR. ATKINS: No.</p> <p>16 DR. SALADINO: Do you have a primary care 17 doctor too?</p> <p>18 MR. ATKINS: Um-hm. That's the one I just 19 went to for my bronchitis, Dr. Walton. And he's never 20 diagnosed that either, I mean, he's never prescribed 21 that. Don't they do that with medication now instead 22 of treadmills? I thought they give you medication.</p>
<p>1 time. '92.</p> <p>2 MS. BUCCELLO: 2002.</p> <p>3 MR. BURNETT: 2002?</p> <p>4 MR. ATKINS: Excuse me.</p> <p>5 MR. BURNETT: Do you remember what your time 6 was for your pack test?</p> <p>7 MR. ATKINS: Oh, good grief.</p> <p>8 MS. BUCCELLO: We have his most recent PEB 9 results.</p> <p>10 MR. BURNETT: What I'm trying to do is equate 11 being able to do the pack test, which is a fairly 12 strenuous test. It's fast walking with a 40-pound 13 pack --</p> <p>14 MR. ATKINS: They don't want me to do that 15 right now either.</p> <p>16 MR. BURNETT: -- Versus trying to build up to 17 three miles on the treadmill without a pack, which 18 seems to me should be fairly easy. So if you were 19 able to pass the pack test -- granted that's been 20 three years now, hasn't it -- versus the treadmill.</p> <p>21 And I'm trying to see that in my mind.</p> <p>22 MR. ATKINS: Part of that is it's been three</p>	<p>66</p> <p>1 DR. SALADINO: Only if you can't exercise. 2 Only if you've got like a bad leg or if you just can't 3 exercise at all, or if you have a -- sometimes if your 4 EKG is abnormal they'll give you chemicals and take 5 pictures.</p> <p>6 MR. ATKINS: Yeah. I've never had that. 7 I've taken my physicals, and they've never requested 8 it or prescribed it, so I've never done that.</p> <p>9 MS. KELLER: Andy, I would like to make 10 copies of what you brought.</p> <p>11 MR. ATKINS: These are your copies.</p> <p>12 MS. KELLER: They are? Thank you.</p> <p>13 MR. ATKINS: As I stated, it's got all of 14 Dr. Martin's stuff that you requested.</p> <p>15 MS. KELLER: Thank you.</p> <p>16 MR. ATKINS: And the last couple things in 17 there are some letters and my PEB stuff. And he's got 18 a couple of the pages.</p> <p>19 MS. BUCCELLO: Thanks for coming, Andy. I 20 know it was not something you looked forward to, 21 coming back here.</p> <p>22 MR. ATKINS: Well, I just wanted to come up</p>

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1 and tell my side of the story. Sorry I got lost. I
2 misunderstood what building I needed to be in.

3 MS. ROWE: Any other questions for Andy? I
4 can escort him out.

5 MR. DAVIES: You want to go off the record?

6 MS. BUCCELLO: Yeah, we can go off the
7 record.

8 (The hearing was concluded at 11:00 a.m.)

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16 My commission expires April 30, 2008.

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HEARING OF DAVID ANDY ATKINS
CONDUCTED ON MONDAY, APRIL 25, 2005

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17

18 Denice Z. Lombard
19

20 NOTARY PUBLIC IN AND FOR
21 THE DISTRICT OF COLUMBIA

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